

Update on temporary COVID-19-related hospital administrative flexibilities

On June 9, 2021, TennCare announced the extension of short-term administrative accommodations for hospitals. We want to highlight some of the currently active administrative accommodations:

- **Flu and COVID-19 testing added permanently to the lab exception/exclusion list**
- **Hospital claims will not deny or assess any penalties for readmissions due to COVID-19**
 - Exception: Evidence of an unsafe discharge based on a deviation from current discharge standards for COVID-19 patients (e.g., MCG M-280 viral illness optimal recovery guideline)

Activities expiring July 31, 2021

TennCare is extending the Suspension of PCP Assignment policy through July 31, 2021. Primary care provider (PCP) assignment will resume, effective Aug. 1, 2021, and hospitals and health care professionals should make the necessary adjustments to facilitate the return to the PCP assignment policy.

- Through July 31, 2021, the managed care organizations (MCOs) will continue to suspend denials of service claims submitted by health care professionals who are not the PCP of the members they are serving
- Members will continue to be assigned PCPs according to the normal process
- PCP assignment will resume Aug. 1, 2021

Administrative accommodations expiring June 30, 2021

The following administrative accommodations will end June 30, 2021, and we'll resume normal processing starting July 1, 2021:

Post-acute care services – utilization management (UM)

- TennCare MCOs are not requiring authorization reviews before patients can be moved from the acute care setting to the appropriate post-acute care setting
- TennCare MCOs will also support rapid placement and discharge of currently hospitalized patients who can be safely discharged to another setting

Acute care hospital-based services – UM

- TennCare MCOs will continue the suspension of denying claims for notification not being timely filed or for UM not being timely filed through June 30, 2021
- Note that other practices have not changed during the emergency period: TennCare MCOs continue to require notification and the submission of clinical information that is normally required for UM level of care reviews
- Acute services provided beginning after June 30, 2021, require prior authorization when applicable

Authorization approvals made before the emergency

- TennCare MCOs will allow extensions for authorizations dated Oct. 1, 2020, or later
- Any outstanding service authorized before that date, but not yet fulfilled before March 31, 2021, will be subject to review for medical necessity
- MCOs should also suspend site of service reviews during this period
 - To clarify what is being suspended, site of service refers to the least costly safe and appropriate place of service. For example, surgeries performed at Ambulatory Surgery Centers versus free standing facilities versus office settings. A site of service review looks at any comorbid conditions that require more complex care, such as a request for cystourethroscopy to be performed in a hospital outpatient surgical setting. If the member's clinical information showed comorbidities, such

as obesity, diabetes poorly controlled and severe obstructive sleep apnea, a site of service review could approve the hospital as the appropriate site.

Pharmacy and medical devices

- TennCare MCOs shall reimburse health care professionals at the contracted rate for drugs dispensed from hospital pharmacies
- The MCOs will not require that any prescription drugs be dispensed by specialty pharmacy instead of the hospital pharmacy
- MCOs will offer appropriate reimbursement for any emerging drug treatments or devices for treatment of known or suspected COVID-19 patients
- Requests for the use of experimental drugs or devices should receive expedited review

Services provided by health care professionals not yet credentialed

- The TennCare MCOs are to pay for all services in the hospitals rendered by health care professionals who are not yet credentialed. However, per federal requirements, all health care professionals will need to have a Medicaid provider ID in order to be paid for Medicaid services.

Additional resources

[TennCare Information About Coronavirus \(tn.gov\)](https://www.tn.gov).

We're here to help

If you have questions, please contact your Provider Advocate.